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**APPLICATION FOR ELLSWORTH
BOARD OF ASSESSMENT REVIEW
ASSESSMENT APPEALS**

APPEAL OF ANY DECISION MADE BY THE ASSESSOR MUST BE MADE WITHIN 60 DAYS OF THE DECISION.

Ownership _____

Mailing Address _____

City or Town _____, State _____, Zip Code _____

Telephone (____)____ - _____ Owner's Email _____

Property Location _____ Map/Lot _____
(a separate application must be submitted for each separately assessed tax bill)

ATTORNEY / AUTHORIZED AGENT, IF ANY:

NAME: _____ Title _____

FIRM: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____ Email _____

1. Assessed Valuation
 - a. Land: _____
 - b. Buildings: _____
 - c. Total: _____

2. Owner's Requested Value
 - a. Land: _____
 - b. Buildings: _____
 - c. Total: _____

3. Abatement Requested(Valuation Amount): _____
(#1c minus #2 c = #3)

4. Tax Year(s) for which Abatement is requested _____

5. Amount of any Abatement(s) previously granted for the Assessment in question:

6. Date of Assessor's decision: _____

7. A brief statement of prior proceedings before the Assessor concerning the disputed Assessment.

8. The Maine Supreme Court has held in tax abatement cases that in order to prevail, the taxpayer must prove one of three things:

Please check all that apply and explain below

- The judgment of the Assessor was irrational or so unreasonable in light of the circumstances that the property is substantially overvalued and an injustice results;
- There was unjust discrimination; or
- The assessment was fraudulent, dishonest or illegal.

Submit one (1) original and nine (9) copies of your completed application and any additional documentation (e.g., appraisal reports) must be submitted to the Assessing Office, **18 days** prior to the Board of Appeals meeting. The meetings are scheduled monthly on the fourth (4th) Monday of every month in the Ellsworth City Council Chamber, at 6:30 PM, unless otherwise notified or posted. If you have any questions regarding submission requirements, please contact the Assistant Assessor at 667-8674 x125 or assessing@cityofellsworthmaine.gov.

In accordance with the provisions of 36 M.R.S.A. § 843, I hereby make written application for an appeal of the assessed value of the property as noted above. *I certify that the information contained in this application and its supplement is true and correct, and I understand that all information that I provide is public record.*

Appellant Signature _____

Date _____

This application must be signed.